

SYDNEY WEIGHBRIDGES Pty Ltd

A.C.N. 135 925 656 A.B.N. 34 135 925 656

14 Sammut Street
Smithfield NSW 2164
Email: roger@weighbridges.com.au

COMSERV (No. 3070) Pty Limited Incorporated in N.S.W. Trading as

STANDARD AUTO WEIGH

A.C.N. 003 909 420 A.B.N.53 003 909 420

Ph. (02) 9604 2677

Fax (02) 9604 2599

Website: www.weighbridges.com .au

APPLICATION FOR 30 DAY CREDIT ACCOUNT

IF A REGISTERED PUBLIC COMPANY or Pty Ltd:

COMPANY: _____

STREET ADDRESS: _____

STATE: _____ POSTCODE: _____

MAILING ADDRESS: _____

STATE: _____ POSTCODE: _____

A.B.N. NO. _____ A.C.N. No. _____

PHONE: _____ MOBILE: _____ FAX: _____

IF AN INDIVIDUAL/PARTNERSHIP/REGISTERED BUSINESS NAME:

SURNAME: _____ GIVEN NAMES: _____

STREET ADDRESS: _____

STATE: _____ POSTCODE: _____

MAILING ADDRESS: _____
A.B.N. _____

STATE: _____ POSTCODE: _____

PHONE: _____ MOBILE _____ FAX: _____

DRIVER'S LICENCE NO.: _____ STATE WHERE HELD: _____

DATE OF BIRTH: _____ MARITAL STATUS: _____

SPOUSE'S NAME: _____

OCCUPATION: _____

SMART CARD REQUEST: For after hours weighing (not for Trade Measurement)

NB! PLEASE SUPPLY _____ SMART CARD(S) AT \$30 EACH (GST INCLUDED)

ALL APPLICANTS COMPLETE:

I/we agree to abide by the above Credit term and to advise Sydney Weighbridges Pty Ltd of any change to the above details. I/we also give permission for Sydney Weighbridges Pty Ltd to check my/our commercial and consumer credit files with Veda Check. I/We understand that the account payment must be received within 30 days of Tax Invoice or a financial charge of 20% per annum will be applicable to the account payment due. If accounts are not paid within 60 days of Tax Invoice date, a collection agency cost will be added to my/our account.

Signature of authorised person/applicant _____

Date _____

Position _____

Name (Please print) _____